

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTO
09/053,155	04/01/98	361	2831	72

APPLICANT

DAVID A. EVANS, SEEKONK, MA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/635,696 04/22/96 PAT 5,
 WHICH IS A DIV OF 08/514,145 08/11/95 PAT 5,
 WHICH IS A DIV OF 08/282,229 07/29/94 PAT 5,
 WHICH IS A CIP OF 08/035,224 03/22/93 PAT 5,

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/01/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 19	IND- CL
Verified and Acknowledged		Examiner's Initials	Initials		

ADDRESS

LEYDIG VOIT AND MAYER
 SUITE 300 700 THIRTEENTH STREET NW
 WASHINGTON DC 20005

TITLE

CAPACITOR

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$436		